



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E352163**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION ☐

CASE #	14-2086
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	02
OBJECT STRUCK	

DATE OF COLLISION	08	-	27	-	2014	TIME (2400)	0707	COUNTY #	31	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN OF	<input checked="" type="checkbox"/>	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐

79TH AVE BLOCK NO. ☐ MILE POST ☐

DISTANCE ☐ MILES ☐ FEET ☐ OF (REFERENCE OR CROSS STREET) 20TH SE

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 2069476837
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LAST NAME	GREEN	FIRST NAME	ROBERT	MIDDLE INITIAL	G
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STREET NEW ADDRESS ☐ 8703 13TH ST NE

CITY	LAKE STEVENS	ST	WA	ZIP	982582452
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	GREENRG311L5	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	06	-	25	-	1969
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	505YTT	STATE	WA	VIN#	1G6DC87A150129773
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2005	MAKE	CADI	MODEL	STS	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	COUNTRY CASUALTY C46A4442369
VEHICLE LEGALITY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	D: 4252692353
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LAST NAME	LORETO-HAYS	FIRST NAME	CARMEN	MIDDLE INITIAL	M
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STREET NEW ADDRESS ☐ 7330 11TH ST SE

CITY	LAKE STEVENS	ST	WA	ZIP	982583699
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CDL	RESTRICTIONS	ENDORSEMENTS	
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DRIVER'S LICENSE #	LORETCM374QL	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	11	-	13	-	1963
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES	SHOULDER AND BACK PAIN COMPLAINT
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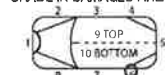
LICENSE PLATE #	AQY1023	STATE	WA	VIN#	1C4HJWDG1CL132603
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2012	MAKE	JEEP	MODEL	WRANGL	STYLE	4W	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. CARMEN LORETO-HAYS 7330 11TH ST SE LAKE STEVENS WA 982583699 D: 4252692353

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO. & POLICY #	NATIONWIDE PPBM00048461925
VEHICLE LEGALITY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	C. WELLS #131	BADGE OR ID #	131	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E352163**

CASE # **14-2086**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

Unit #1 rear ended Unit #2 who was stopped at the red light at the intersection of 79th Ave/20th SE. Unit #2 driver initially denied injury, however, as the investigation progressed she claimed shoulder and low back pain and discomfort. She repeatedly declined Aid.

Unit #1 driver - no injuries.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. WELLS #131

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

08-27-14 09:44 AM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

DATE

8/28/2014 3:45:43 PM

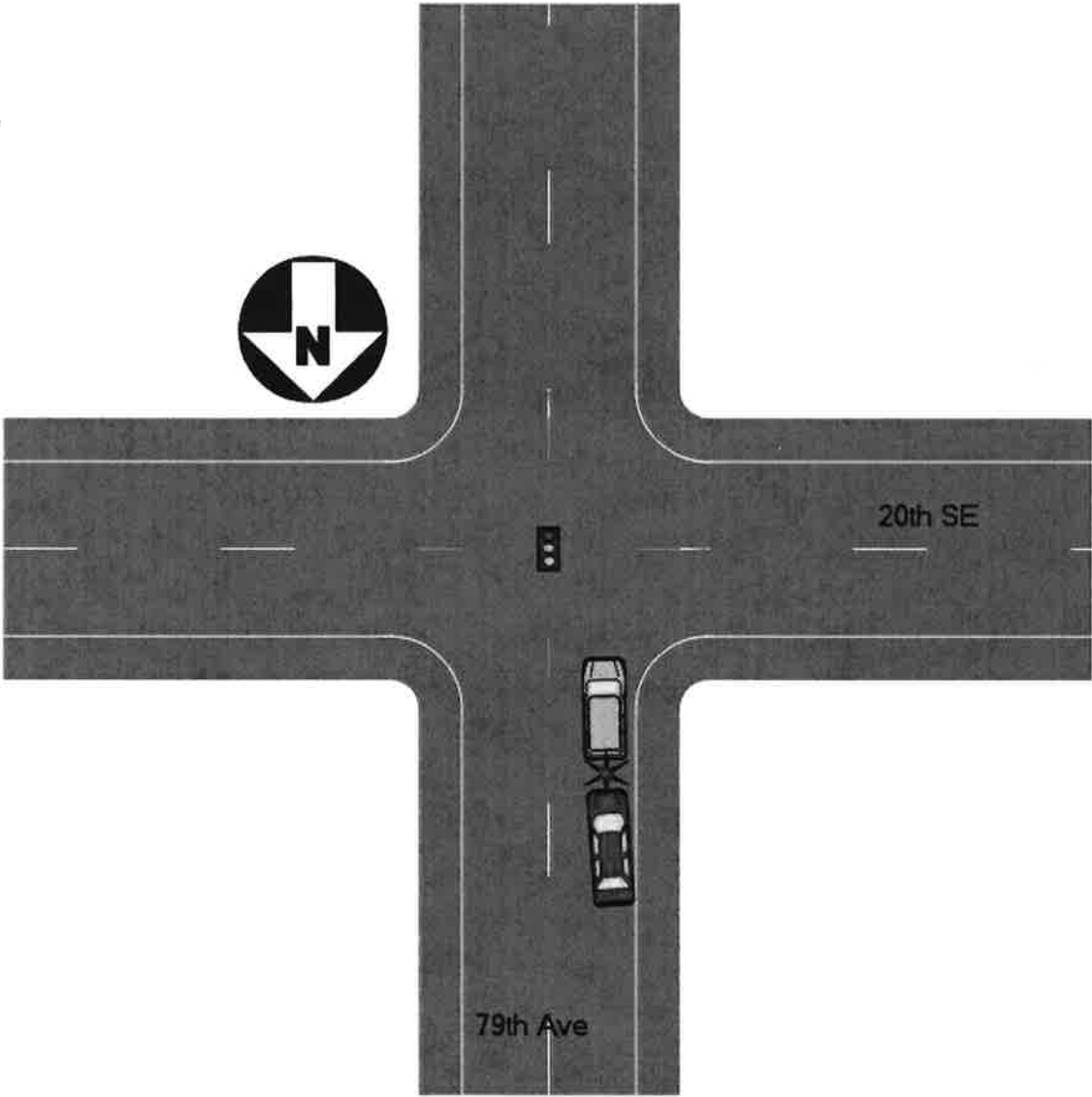
BADGE OR ID # **131**

ORI # **WA0311900**

TIME POLICE DISPATCHED **7:07 AM**

TIME POLICE ARRIVED **7:12 AM**

Not to scale



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

2086
14-2068

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Green Robert G	RACE W	ETH M	SEX M	DOB 6-25-67	AGE 45	HGT 6'6"	WGT 240	HAIR Aub	EYES Aub
STREET ADDRESS 8703 12th ST NW.		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS WM		
HOME PHONE 206-947-1121		CELL PHONE Same		PLACE OF EMPLOYMENT						
WORK PHONE 425-745-5690		EMAIL ADDRESS ROBERT@NORTHERNRENTAL.COM								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Vehicle A started to do what I thought was a free right turn, as I advanced behind her was looking left she stopped & I still looking left did not and hit the back of her Jeep

CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE 	DATE SIGNED 8-27-14	LOCATION SIGNED
OFFICER NUMBER: C. Weiss / 131	DATE SIGNED 8-27-14	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

2086
14-2068

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Loreto-Hays Carmen M	RACE VV	ETH H	SEX F	DOB 11-13-1963	AGE 50	HGT 5	WGT 125	HAIR Brn	EYES Brn
STREET ADDRESS 7330 11th St SE		CITY Lake Stevens		STATE WA		ZIP 98250		RES. STATUS Citizen		
HOME PHONE 425-610-4161		CELL PHONE 425-269-2353		PLACE OF EMPLOYMENT Federal Courthouse						
WORK PHONE (206) 223-0767		EMAIL ADDRESS								

I, Carmen Loreto-Hays, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was at the Red Light
where the car hit me hard from behind.
in the corner - 79th and 20th St.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Carmen Loreto-Hays</u>	DATE SIGNED 8-27-2014	LOCATION SIGNED
OFFICER/NUMBER: C. WELLS / 131	DATE SIGNED 8/27/14	LOCATION SIGNED LKS

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

EXCHANGE OF INFORMATION

OFFICER NAME: **C. WELLS #131 #131**

AGENCY: **LAKE STEVENS PD**

NARRATIVE/ NOTES:

COLLISION: **08/27/14 07:07 AM**

DISPATCH: **08/27/14 07:07 AM**

ARRIVAL: **08/27/14 07:12 AM**

CASE#: **14-2086**

LOCATION: **79TH AVE**

AT 20TH SE

UNIT 1:	MOTOR VEHICLE -	2005 STS PLATE: 505YTT (WA)	TOWED BY:
DRIVER: ROBERT G GREEN		VEH OWNER:	
ADDRESS: 8703 13TH ST NE		ADDRESS:	
LAKE STEVENS, WA 982582452			
DL #: GREENRG311L5	STATE: WA		
PHONE: (206) 947-6837		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: COUNTRY CASUALTY		INSURED BY:	
POLICY #: C46A4442369		POLICY #:	

UNIT 2:	MOTOR VEHICLE -	2012 WRANGLER PLATE: AQY1023 (WA)	TOWED BY:
DRIVER: CARMEN M LORETO-HAYS		VEH OWNER: CARMEN LORETO-HAYS	
ADDRESS: 7330 11TH ST SE		ADDRESS: 7330 11TH ST SE	
LAKE STEVENS, WA 982583699		LAKE STEVENS, WA 98258	
DL #: LORETCM374QL	STATE: WA		
PHONE: (425) 269-2353		PHONE:	
ALT PHONE:		ALT PHONE:	
INSURED BY: NATIONWIDE		INSURED BY:	
POLICY #: PPBM00048461925		POLICY #:	

LSPD
ORIGINAL

Incident History for: #SS14016780 Xref: #SS14016781 #AG14002441
Case Numbers: \$SS14002086
Entered 08/27/14 07:07:15 BY SPDF24 SP0189
Dispatched 08/27/14 07:07:31 BY SPDP17 SP0297
Enroute 08/27/14 07:07:31
Onscene 08/27/14 07:12:08
Closed 08/27/14 07:35:43

Initial Type: COLP Initial Alarm Level: Final Alarm Level:
Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H
Police BLK: SS003 Fire BLK: AG1417 Map Page: 397C-3 Group: SS1 Beat: SOUT
Src: T
Loc: 20 ST SE/79 AV SE ,LKS (V)

Loc Info:
Name: CELL CALLER Addr: Phone: 4252864779

/0707 (SP0189) ENTRY ,2 CAR REARENDER, UNK INJS, ALL ARE OUT YELLING
AT EACH OTHER, PTL BLKING TURN LANE
/0707 CROSS #AG14002441
/0707 (SP0297) DISPER 19D2 #SS131 WELLS, OFCR (CHAD)
/0707 ASSTER 19D1 #SS115 THOR, OFFICER (ANDREW)
/0707 (SP0233) SUPP TXT: CC NON INJ, BLCKING, AGGRESSIVE W/ RP
/0706? (SP0285) SUPP NAM: ETTER, FOREST,
PHO: 4254571025,
TXT: CC, NON BLKING, NON INJ , WHI TK VS GRY HON
DA CIVIC
/0708 (SP0297) ASSTER 19S13 #SS95 MINER, SGT (ROBERT)
/0708 \$CROSS #SS14016781
/0708 DUP #SS14016781
/0708 DUP NAM: LORETO-HAYS, CARMEN
PHO: 4252692353
/0709 (SP0233) CHANGE TYP: COLP --> DIST,
RSP: TP --> PP,
PRI: 1 --> 2,
TXT: THE FEMALE HALF IS BEING AGGRESSIVE W/ RP,
VERBAL
/0710 SUPP NAM: MR. GREEN,
PHO: 2069471121
/0712 (SP0297) ONSCNE 19D2
/0712 MISC 19D2 ,SEE ONE SO FAR.
/0712 MISC 19D2 ,LOOKS LIKE JUST THE ONE COLISION.
/0712 CLEAR 19D1
/0712 CLEAR 19S13
/0713 CONTACT 19D2 Contact Timer Canceled
DOESN'T LOOK LIKE THEY'RE ARGUING ANYMORE
/0713 CHANGE TYP: DIST
--> COL
/0714 SUPP TXT: CONFIRMED NO INJ
/0720 ASNCAS 19D2 \$SS14002086
/0720 (SS131) REMINQ 19D2 MDTVEH, 505YTT,,WA,,,,,,,,,
/0724 (SP0297) ASSTOS 19S13 [20 ST SE/79 AV SE ,LKS]
#SS95 MINER, SGT (ROBERT)
/0727 \$PREMPT 19S13
/0727 CROSS #SS14016782
/0735 CLEAR 19D2 D/H
/0735 CLOSE 19D2

LSPD
ORIGINAL